

AMENDED IN SENATE AUGUST 5, 2008

AMENDED IN SENATE JULY 18, 2007

AMENDED IN ASSEMBLY JUNE 1, 2007

AMENDED IN ASSEMBLY MAY 1, 2007

AMENDED IN ASSEMBLY APRIL 16, 2007

CALIFORNIA LEGISLATURE—2007–08 REGULAR SESSION

ASSEMBLY BILL

No. 1461

Introduced by Assembly Member Krekorian

February 23, 2007

~~An act to add Article 4.5 (commencing with Section 11774) to Chapter 1 of Part 2 of Division 10.5 of the Health and Safety Code, and~~
~~An act to amend Section 10369.12 of the Insurance Code, relating to~~
~~alcohol and drug abuse health insurance.~~

LEGISLATIVE COUNSEL'S DIGEST

AB 1461, as amended, Krekorian. ~~Alcohol~~ *Health insurance: liability: alcohol* and drug abuse.

~~(1) Existing law requires the State Department of Alcohol and Drug Programs to administer certain programs and studies related to alcohol and drug abuse recovery and to license, certify, and regulate alcoholism or drug abuse recovery or treatment facilities.~~

~~Existing law requires the department to develop and implement a statewide campaign designed to deter initial and continued use of methamphetamine in California, and authorizes the department to accept voluntary contributions, in case or in-kind, for purposes of this provision. Existing law authorizes the department to develop and implement a~~

~~limited campaign to deter the abuse of methamphetamine for the 2006-07 fiscal year if the Director of Finance determines that at least \$500,000 of private donations have been collected and deposited into a specified account.~~

~~This bill would require, commencing July 1, 2008, the department to initiate and conduct a 2-year pilot project to demonstrate the efficacy and cost-effectiveness of a specified early methamphetamine intervention model in identifying and diverting methamphetamine addicts. The bill would request the Regents of the University of California to collect and analyze data regarding the pilot project and provide a report as specified. The bill would require the department, no later than January 1, 2009, to develop protocols that can be adopted by hospital emergency departments in the state that choose to implement screening and referral services consistent with the pilot project established by the bill.~~

~~(2) Existing~~

~~Existing law authorizes a disability policy to provide that the insurer is not liable for any loss sustained or contracted in consequence of the insured's being intoxicated or under the influence of any controlled substance unless administered on the advice of a physician.~~

~~This bill would exclude a health insurance policy from the application of the above-described provision, thereby allowing for insurer liability under those circumstances.~~

Vote: majority. Appropriation: no. Fiscal committee: ~~yes-no~~. State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 ~~SECTION 1. The Legislature hereby finds and declares all of~~
- 2 ~~the following:~~
- 3 ~~(a) The level of methamphetamine use in California constitutes~~
- 4 ~~a significant public health problem.~~
- 5 ~~(b) The impact of methamphetamine use falls heavily on our~~
- 6 ~~health care system and emergency rooms are a common portal of~~
- 7 ~~entry for more severe cases.~~
- 8 ~~(c) Fifty-six percent of hospitals nationwide say their costs have~~
- 9 ~~risen because of methamphetamine-related patient care, which is~~
- 10 ~~rarely covered by private insurance.~~

1 ~~(d) Emergency rooms in Los Angeles, San Diego, and San~~
2 ~~Francisco reported a 43-percent increase between 1998 and 2002~~
3 ~~in medical record mentions of methamphetamine.~~

4 ~~(e) The U.C. Davis Medical Center has found that~~
5 ~~methamphetamine-involved patients using the emergency room~~
6 ~~are three times more likely to arrive by ambulance, two and a half~~
7 ~~times more likely to require hospitalization, and far less likely to~~
8 ~~be insured.~~

9 ~~(f) Scripps Mercy Hospital in San Diego confirmed that a~~
10 ~~screening of trauma patients by a trauma center found that 59~~
11 ~~percent were at risk for alcohol and other drug problems.~~

12 ~~(g) It is well established that brief counseling about addiction~~
13 ~~treatment has a significant positive impact during and after periods~~
14 ~~of crisis.~~

15 ~~(h) Emergency room interventions have the potential of engaging~~
16 ~~people in treatment before they enter the criminal justice system.~~

17 ~~(i) Outreach contacts patterned after the public health model~~
18 ~~with infectious diseases keep people connected to the healthcare~~
19 ~~system while demonstrating a compassionate response to their~~
20 ~~suffering.~~

21 ~~(j) However, emergency room physicians are often reluctant to~~
22 ~~order toxicology screens or to diagnose methamphetamine abuse~~
23 ~~because of legal implications for the patient, negative insurance~~
24 ~~implications for the hospital, a lack of training in substance abuse,~~
25 ~~and inadequate resources for referral and followup.~~

26 ~~(k) The California Screening, Brief Intervention, Referral and~~
27 ~~Treatment Program (CASBIRT) is carrying out a federally funded~~
28 ~~pilot screening project at 17 medical sites in California.~~
29 ~~CASBIRT's interim reports found that over 260,000 individuals~~
30 ~~were screened, and 190,000 received services. During followup~~
31 ~~assessments, 63 percent of drug users had abstained from drugs~~
32 ~~in the previous 30 days. The report also found that 60 percent of~~
33 ~~risky and harmful drinkers reduced their drinking to low levels.~~

34 ~~(l) California should pilot a methamphetamine early intervention~~
35 ~~model that provides adequate circumstances and tools in emergency~~
36 ~~rooms, is scalable, is cost effective, and may eventually be~~
37 ~~implemented on a statewide basis.~~

38 ~~(m) The pilot project should be located in one rural and one~~
39 ~~urban county so that the impact of services can be evaluated on~~

~~two different populations, but should not include medical sites covered by CASBIRT.~~

~~(n) A pilot program should ensure that emergency room physicians and pilot project personnel have adequate time, authority, and training to respond effectively to methamphetamine abusers in crisis.~~

~~(o) The confidentiality of test results is required to avoid the erection of barriers to healthcare for methamphetamine users.~~

~~(p) The pilot project should focus on ensuring the proper diagnosis and initiating the appropriate services in the emergency room so that patients will be encouraged to access care that they need.~~

~~SEC. 2. Article 4.5 (commencing with Section 11774) is added to Chapter 1 of Part 2 of Division 10.5 of the Health and Safety Code, to read:~~

~~Article 4.5. Methamphetamine Deterrence Pilot Program~~

~~11774. (a) The department shall, commencing July 1, 2008, initiate and conduct a two-year pilot project to demonstrate the efficacy and cost effectiveness of an early methamphetamine intervention model in identifying and diverting methamphetamine addicts into treatment before they enter the criminal justice system. Pursuant to this project, physicians and surgeons who specialize in the treatment of addiction, state-licensed psychotherapists, as defined in Section 1010 of the Evidence Code, who are competent in the treatment of addictions, or health educators, shall assist emergency room physicians and surgeons in identifying patients within a participating emergency department for toxicological screening and providing appropriate intervention services or a referral for treatment as a critical step toward early intervention. Patients who participate in the program and provide informed consent shall then be screened for addiction, and indicators of addiction, to methamphetamine. Outreach workers shall provide followup outreach to those who receive this initial intervention to assess the effectiveness of early intervention and its impact on addictive behavior. This section shall not be construed to require a physician and surgeon to personally provide the screening or to lessen applicable federal and state laws regarding evidentiary and~~

1 other legal privileges, patient confidentiality, and privacy
2 requirements.

3 (b) (1) The department shall receive applications from counties
4 that volunteer to participate in the pilot project, and shall select
5 two counties from these applications. One of the selected counties
6 shall have a population of between 150,000 and 1,000,000 persons.
7 The other shall have a population of over 1,000,000 persons. To
8 ensure diversity in county size and to limit the cost of the pilot
9 project, the smaller county shall have at least one, but no more
10 than 50 hospital emergency rooms. The larger county shall have
11 at least 50 but no more than 150 hospital emergency rooms.

12 (2) If more than one county in each population category wishes
13 to participate in the pilot project, the department shall select the
14 participating counties based on a formula that includes the number
15 of annual arrests for methamphetamine sales and use per capita
16 and the number of persons per capita in treatment annually for
17 methamphetamine abuse.

18 11774.1. By April 1, 2008, the department shall convene a
19 working group of stakeholders, including, but not limited to,
20 physicians and surgeons who specialize in addiction medicine,
21 emergency room physicians and surgeons, licensed substance
22 abuse counselors, and public health outreach workers. The working
23 group shall, by June 30, 2008, refine the pilot program's parameters
24 and define its protocols, after review of the California Screening,
25 Brief Intervention, Referral and Treatment Program, and the
26 Washington State Screening, Brief Intervention, Referral and
27 Treatment Program which were funded through the federal Center
28 for Substance Abuse Treatment.

29 11774.2. Between the first six months and the first 18 months
30 of the pilot project, the Regents of the University of California,
31 subject to receipt of sufficient funds from the department for the
32 pilot project, are requested to collect data regarding the operation
33 of the pilot project. The data shall include the number of patients
34 who test positive for methamphetamine or other drugs, the type
35 of intervention given, results of that intervention after six months,
36 program cost per patient, and, to the extent possible, the medical
37 cost savings per patient. The data shall also indicate the levels of
38 emergency room staff, patient, and health insurer satisfaction with
39 the pilot project. The Regents of the University of California,
40 subject to receipt of sufficient funds from the department for the

1 pilot project, are requested to analyze the data and prepare a report
2 to be provided to the health committees of the Senate and Assembly
3 by March 31 of the second year following the year that the pilot
4 project is initiated.

5 ~~11774.3. (a) In conjunction with other pilot project~~
6 ~~stakeholders, the department shall seek funds from the federal~~
7 ~~government and private foundations to fund the pilot project.~~

8 ~~(b) The department shall, no later than January 1, 2009, develop~~
9 ~~standardized protocols that can be adopted on and after July 1,~~
10 ~~2010, by hospital emergency departments in the state that choose~~
11 ~~to implement screening and referral services consistent with the~~
12 ~~pilot project established by this article. These protocols shall~~
13 ~~include funding recommendations for providing services to persons~~
14 ~~with private and public health plans, recipients of other publicly~~
15 ~~financed health coverage, and the uninsured. The department shall~~
16 ~~also issue recommendations to fund a statewide screening and~~
17 ~~services project consistent with the objectives of the pilot project~~
18 ~~described in this article.~~

19 ~~SEC. 3.~~

20 *SECTION 1.* Section 10369.12 of the Insurance Code is
21 amended to read:

22 10369.12. (a) A disability policy may contain a provision in
23 the form set forth herein.

24 Intoxicants and controlled substances: The insurer shall not be
25 liable for any loss sustained or contracted in consequence of the
26 insured's being intoxicated or under the influence of any controlled
27 substance unless administered on the advice of a physician.

28 (b) Subdivision (a) shall not apply to a health insurance policy.